

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7135

State File No. ....

BIRTH NO. .... REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **614**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>SANGAMON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFFERSON BARRACKS</b>		c. LENGTH OF STAY (In this place) <b>203 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMIN. HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>820 W. Campbell</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>FRANCIS</b> c. (Last) <b>FITZGERALD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 8 1950</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 21, 1891</b>		9. AGE (In years last birthday) <b>58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LATHAM, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JOHN FITZGERALD</b>		13b. MOTHER'S MAIDEN NAME <b>MAG DENNY</b>		14. NAME OF HUSBAND OR WIFE <b>CATHERINE FITZGERALD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 6/27/18-12/12/18</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMORRHAGE OF AN UNIDENTIFIED CEREBRAL ARTERY, LEFT</b>			DUE TO (b) <b>HEMIPLEGIA, RIGHT</b>		
DUE TO (c) <b>HYPERTENSIVE CARDIO VASCULAR DISEASE</b>			443X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>1949</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-18</b> , 19 <b>49</b> , to <b>3-8</b> , 19 <b>50</b> , that I am now the deceased's attending physician, and that death occurred at <b>2:05 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>JESSE YOUNGER, M.D.</b>		23b. ADDRESS <b>VETERANS HOSPITAL, JEFF. BRKS, MO.</b>		23c. DATE SIGNED <b>3-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Motor</b>		24b. DATE <b>3/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>To: Staab Funeral Home</b>	
24d. LOCATION (City, town, or county) (State) <b>At: Springfield, Illinois</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Und. &amp; Liv. Co. St. L. II, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 29 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address

*7514 1<sup>st</sup> Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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